

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, California 95814



July 14, 2004

ALL COUNTY INFORMATION NOTICE NO. I-48-04

TO: ALL COUNTY WELFARE DIRECTORS  
ALL CalWORKs PROGRAM SPECIALISTS  
ALL WELFARE-TO-WORK COORDINATORS

**REASON FOR THIS TRANSMITTAL**

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

SUBJECT: CalWORKs 60-MONTH TIME LIMIT NOTICES OF ACTION (NOA)  
MESSAGES AND FORMS

REFERENCE: ALL COUNTY LETTERS (ACL) 97-65, 98-37, 99-90, 00-48, 01-03,  
01-66, 02-33, 02-66, 02-70, 02-74 AND 02-91; ALL COUNTY  
INFORMATION NOTICES (ACIN) I-52-99, I-47-02, I-58-02, I-90-02  
AND I-95-02

This notice transmits copies of revised and new versions of the following forms and NOA messages for the California Work Opportunity and Responsibility to Kids (CalWORKs) Program. The additional NOA messages are requested by the counties to address new circumstances that arise from the adult(s) reaching the CalWORKs 60-month time limit. All forms and NOA messages have been generated and reviewed using the customary processes.

**FORMS**

CW 2186A (6/04) - CalWORKs and Welfare to Work Time Limit Exemption Request  
CW 2186B (6/04) - CalWORKs and Welfare to Work Time Limit Exemption Determination  
CW 2187 (6/04) - Your CalWORKs 60-Month Time Limit  
CW 2190A (6/04) - CalWORKs 60-Month Time Limit Extender Request Form  
CW 2190B (6/04) - CalWORKs 60-Month Time Limit Extender Determination Form  
CW 2191 (6/04) - Time on Aid Verification for CalWORKs/TANF 60-Month Time Limits  
CW 2192 (6/04) - Tracking Non-California TANF Assistance for the 60-Month Time Limit  
NA 531 (6/04) - Continuation Page - 60-Month Time Limit - Includes Budget

**NOA MESSAGES**

M40-107e (4-01-04) - CalWORKs 60<sup>th</sup> Month on Aid, Timed-out Person Removed  
M40-107f1 (4-01-04) - Extender Met after 60 Months on Aid, (post 60-month time limit)  
M40-107f2 (4-01-04) - CalWORKs 60-Month Time Limit, Extender Ended  
M40-107j1 (04-01-04) - Application Approval, After 60 Months on Aid

M40-107k (04-01-04) – Increase in Grant due to Time on Aid Adjustment

**REVISED CalWORKs TIME LIMIT FORMS**

The CalWORKs forms, CW 2186A (6/04), CW 2186B (6/04), CW 2187 (6/04), and NA 531 (6/04) are revised to improve clarity of the forms as suggested by counties and welfare advocates.

Please be advised that the Welfare to Work Exemption Request form (WTW6) and Welfare to Work Exemption Determination form (WTW7) are obsolete and have been replaced by the CW 2186A and CW 2186B, CalWORKs exemption request and determination forms.

**NEW CalWORKs FORMS**

- **CalWORKs 60-Month Time Limit Extender Request Form and Determination Form (CW 2190A) (6/04) and (CW 2190B) (6/04)**

The request form, CW 2190A, describes the CalWORKs 60-month time limit extenders and time limit waiver. The request form is designed for recipients so they may request a time limit extender to receive aid beyond the CalWORKs 60-month time limit. The determination denial form, CW 2190B, explains to the recipient that she/he is not extended on aid and the reason the extender is denied. Counties are required to provide these request and determination forms to recipients in accordance with Manual of Policies and Procedures (MPP) Section 42-302.3 et seq.

- **CalWORKs Time Limit Information and Verification Form (CW 2191) (6/04)**

The CW 2191 has been developed for counties to use to provide the necessary CalWORKs 60-month time limit information to other counties. The form should be included with the information provided in an Intercounty Transfer case. It may also be used to provide information to a county when an individual applies for aid in another county without first notifying the previous county. The form is designed to verify the time-on-aid received in a county.

- **Tracking Non-California TANF Assistance for the 60-Month Time Limit (CW 2192) (6/04)**

The CW 2192 has been developed for counties to use to verify the number of TANF months received in another state, U.S. territory, and/or Tribal TANF program. Written verification from the State, U.S. Territory, and/or Tribal Administrator is required to substantiate the number of months of TANF assistance received. This form is not to be used in place of that documentation but to assist the county worker in requesting the appropriate information to verify the number of months of TANF assistance.

Federal law (42 U.S.C. 608(a)(7)(A)) prohibits a state from using TANF funds to provide assistance to a family that includes a head-of-household or spouse of a head-of-household who has received TANF-funded assistance for 60 months. The federal time limit therefore imposes the necessity for tracking time on aid for CalWORKs recipients' TANF and CalWORKs 60-month time clocks. Counties are required to verify the aid received by individuals who have stated that they have received TANF assistance in another state, U.S. territory, and/or TANF Tribal TANF program. In order to contact other states to verify recipients' TANF months received, counties can use the list of contacts found on the State of Alaska Health and Social Services, Public Assistance website: [http://dpaweb.hss.state.ak.us/training/map/map\\_text.htm](http://dpaweb.hss.state.ak.us/training/map/map_text.htm).

## **NEW AND REVISED NOTICE OF ACTION (NOA) LANGUAGE**

The following new and revised Notice of Action messages included in this ACIN are provided to counties for informing recipients of their time limit information.

- **M40-107e (revised 4-1-04) – CalWORKs 60-Month Time Limit, Timed-Out Person Removed**

This NOA has been revised to improve clarity of the language. It is used to inform the adult who has reached the CalWORKs 60-month time limit of the change in cash aid.

- **M40-107f1 (4-1-04) – CalWORKs 60-Month Time Limit, Extender Met after 60 Months on Aid (Post 60- Month Time Limit)**

This NOA is used to inform the recipient that the grant amount is changed because she/he meets the requirements to receive aid beyond the 60-month time limit.

- **M40-107f2 (4-1-04) – CalWORKs 60-Month Time Limit, Extender Ended**

This NOA is used to inform the recipient that the grant is reduced because she/he no longer meets the requirements to be extended on aid.

- **M40-107j1 (4-1-04) – Application Approval, After 60 Months on Aid**

This NOA is used to inform the applicant of the approval of aid due to extender criteria, child support recoupment or overpayment recoupment.

- **M40-107k (4-1-04) – CalWORKs 60-Month Time Limit, Time on Aid Adjustment**

This NOA is used to inform the recipient of the change in grant amount due to an adjustment in the number of months for child support or overpayment recoupment.

## **FORMS DESIGNATION AND MODIFICATION OF FORMS**

The forms, CW 2186A, CW2186B, CW 2187, CW 2190A, CW 2190B, and NA 531 have been designated as "Required Form-No Substitute Permitted." Forms in this category may not be modified or reconstructed. The CW 2191 and CW 2192 have been designated as "Recommended Form." Forms in this category are recommended for use and counties may modify these forms without prior CDSS approval or may choose not to use them.

### **CAMERA-READY COPIES AND TRANSLATIONS**

For a camera-ready of English and Spanish forms, please contact the Forms Management Unit (FMU) at (916) 657-1907. If your office has internet access, you may obtain these forms from the CDSS webpage at: [http://www.dss.cahwnet.gov/cdssweb/OnlineFor\\_271.htm](http://www.dss.cahwnet.gov/cdssweb/OnlineFor_271.htm). For counties with access to the CDSS restricted website for forms and NOAs, you can access the forms and NOAs at [www.cdsscounties.ca.gov](http://www.cdsscounties.ca.gov). If your county does not have a login and password, you can obtain them by calling Dan Bode of the Program Technology and Support Bureau at (916) 654-1396.

As soon as translations are completed, they are posted at the Language Services website. Copies of the translated forms and publications can be obtained from the CDSS webpage at: [http://www.dss.cahwnet.gov/cdssweb/FormsandPu\\_274.htm](http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm). For any questions on translated materials or to request a copy of a translated form or message, please contact Language Services at (916) 445-6778.

Your County Forms Coordinator is to distribute translated forms to each program and location. Each county shall provide bilingual/interpretive services and written translations to non-English or limited English proficient populations as required by the Dymally Alatorre Bilingual Services Act (Government Code Section 7290 et seq.) and by State regulations in Manual of Policies and Procedures (MPP) Division 21, Civil Rights Nondiscrimination, Section 115.

If you have any questions regarding this notice or need additional information regarding the 60-month time limits, please contact Charissa S. Miguelino, CalWORKs Eligibility Bureau at (916) 657-3665.

Sincerely,

CHARR LEE METSKER, Chief  
Employment and Eligibility Branch

Attachments

c: CWDA  
CSAC

**CalWORKs and WELFARE TO WORK TIME LIMIT EXEMPTION REQUEST FORM***PLEASE PRINT*

YOUR NAME		<b>COUNTY USE ONLY</b>	
ADDRESS STREET		COUNTY	
CITY	ZIP	CASE NAME	
PHONE (     )		CASE NO.	OTHER ID NO.
<b>QUESTIONS? ASK YOUR WORKER.</b>		WORKER NAME	

Beginning January 1, 1998, most adults can only receive 60 months (5 years) of cash aid from the CalWORKs program. Unless exempt, an individual is required to participate in CalWORKs welfare-to-work activities as a condition for receiving aid.

**INSTRUCTIONS TO THE CLIENT:**

You may ask to be exempt from the CalWORKs 60-month time limit and Welfare to Work participation because of one of the reasons listed below. You may need to give information to help the county decide if you should be exempt.

If you answer "Yes" to any of these questions, you may be exempt for a month or longer from the CalWORKs 60-month time limit and Welfare to Work participation. Please answer all of the questions. This form cannot be completed by the county. **Please be sure to sign and date the back of this form.**

**YES NO Welfare to Work Participation**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Are you pregnant and does a doctor state that you cannot work or participate in welfare-to-work activities?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Are you the parent or caretaker of a child age _____ or under? (Depending on the County, you may be exempt if your child is 12 weeks old or under, six months old or under, or 12 months old or under.) This exemption is available <u>only once</u> . |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. If you have used exemption #2, have you recently given birth or adopted another child? (Depending on the County, you may be exempt for 12 weeks to 6 months.)  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Are you a full time volunteer in the Volunteers in Service to America (VISTA) Program?   |

**YES NO CalWORKs 60-Month Time Limit and Welfare to Work Participation Exemptions**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Are you physically or mentally unable to work or participate in a welfare-to-work activity on a regular basis for at least 30 calendar days? Please provide any medical proof you have.                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Are you the nonparent caretaker of a child who is a dependent or ward of the court, or at risk of being placed in foster care?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Are you staying at home to take care of someone in the household who cannot take care of him/herself, which stops you from working or participating in a Welfare to Work activity?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Are you eligible for, participating in, or exempt from Cal-Learn or another teen parent program? (Does not apply if you are age 19, eligible to volunteer to participate but you choose not to participate in Cal-Learn.) |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Are you living in Indian Country, as defined by federal law, or an Alaskan native village, in which 50 percent of the adults are unemployed? (Does <u>not</u> apply to the 18/24 welfare-to-work time limit.)             |

**PLEASE READ THE BACK OF THIS FORM TO FIND OUT ABOUT MORE EXEMPTIONS.**

## CalWORKs and WELFARE TO WORK TIME LIMIT EXEMPTION REQUEST FORM

---

**Welfare to Work Participation Exemptions** - You do NOT have to request these exemptions.

You will not be required to participate in the Welfare to Work program if any of the reasons apply to you.

- You are under 16 years old.
- You are 16, 17, or 18 years old and in high school or adult school.
- You are 60 years or older.

---

**CalWORKs 60-Month Time Limit Exemptions** - You do NOT have to request these exemptions, on this form. You may contact your worker if any of these reasons apply to you.

A month of aid will be exempt from the 60-month time limit if any of the reasons listed below apply to you.

- You did not receive CalWORKs cash aid because your grant was less than \$10.
- Your cash grant is fully repaid by child support collection.
- You are only receiving supportive services such as child care, transportation, and case management.
- You are 60 years or older.

---

### **CalWORKs 18/24 and 60-Month Time Limit and Welfare to Work Participation Waivers**

If you are a victim of domestic abuse and the county has determined that your condition or circumstances prevent or impair your ability to be regularly employed or to participate in Welfare to Work activities, the county may waive the CalWORKs 60-month time limit and/or the Welfare to Work participation requirements. You do not have to complete this form to get a waiver to the time limits. You may contact your worker to request a domestic abuse waiver.

- 
- You will be informed whether or not you are exempt from the CalWORKs and/or Welfare to Work time limits and the reason why.
  - You may be asked to give the county proof of your reason for requesting an exemption.
  - If you do not agree with the county, you may ask for a State hearing.
  - Your condition may be evaluated each month to determine if you continue to be exempt.

---

YOUR SIGNATURE

DATE

---

## CalWORKs and WELFARE TO WORK TIME LIMIT EXEMPTION DETERMINATION

COUNTY	
CASE NAME	
CASE NO.	OTHER ID NO.
WORKER NAME	

Questions? Ask your worker.

Date \_\_\_\_\_

On \_\_\_\_\_, \_\_\_\_\_ requested an exemption, and the county made the following determination: (DATE) (NAME)

### A. WELFARE TO WORK PARTICIPATION (WTW) EXEMPTIONS

1. ☐ The exemption is APPROVED.

He/she will not be required to participate in Welfare to Work. His/her exemption will end on \_\_\_\_\_. If his/her exemption should continue, he/she must provide information to show that it should continue, before the ending date above, or he/she will be expected to participate in Welfare to Work.

He/she can ask to volunteer to participate in Welfare to Work and will be told what activities and/or services are available.

Reason for exemption from Welfare to Work participation: \_\_\_\_\_

His/her condition may be looked at again to see if he/she continues to be exempt. If he/she is no longer exempt, he/she will be expected to participate in Welfare to Work.

2. ☐ The exemption is DENIED.

He/she is required to participate in Welfare to Work. He/she will get a notice from the county telling him/her when to attend the Welfare to Work activities and/or services.

Reason for Denial: \_\_\_\_\_

### B. CalWORKs 60-MONTH TIME LIMIT EXEMPTIONS

1. ☐ The exemption is APPROVED.

Each month of aid for the period that his/her condition or circumstance lasts will not count toward the CalWORKs 60-month time limit. His/her exemption will end on \_\_\_\_\_. If his/her exemption should continue, he/she must provide information to show that it should continue, before the ending date above, or he/she will be expected to participate in Welfare to Work.

Reason for exemption: \_\_\_\_\_

His/her condition may be looked at again to see if he/she continues to be exempt. If he/she is no longer exempt, each month of aid will count toward the 60-month time limit.

2. ☐ The exemption is DENIED.

Each month of aid will continue to count toward the CalWORKs 60-month time limit.

Reason for Denial: \_\_\_\_\_

**CONTACT YOUR WORKER IF YOU THINK THIS NOTICE IS WRONG. YOU MAY ALSO ASK FOR A STATE HEARING. "YOUR HEARING RIGHTS" FORM ON THE BACK SIDE OF THIS PAGE TELLS YOU HOW TO ASK FOR A STATE HEARING.**

**Rules:** These rules apply; you may review them at your welfare office: MPP 42-302.1, 42- 302.2, 42-302.21, 42-302.3 - .34, 42-710, and 42-712.

## YOUR HEARING RIGHTS

**You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice.**

**If you ask for a hearing before an action on Cash Aid, Medi-Cal, Food Stamps, or Child Care takes place:**

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.

**If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.**

To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: ☐ Cash Aid ☐ Food Stamps ☐ Child Care

**While You Wait for a Hearing Decision for:**

### Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

### Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

## OTHER INFORMATION

**Medi-Cal Managed Care Plan Members:** The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

**Child and/or Medical Support:** The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

**Family Planning:** Your welfare office will give you information when you ask for it.

**Hearing File:** If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

## TO ASK FOR A HEARING:

- **Fill out this page.**
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- **Send or take this page to:**

**OR**

- **Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.**

**To Get Help:** You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

**If you do not want to go to the hearing alone, you can bring a friend or someone with you.**

### HEARING REQUEST

I want a hearing due to an action by the Welfare Department of \_\_\_\_\_ County about my:

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) \_\_\_\_\_

**Here's Why:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ **If you need more space, check here and add a page.**

☐ I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: \_\_\_\_\_

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

☐ **I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)**

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

## YOUR CalWORKs 60-MONTH TIME LIMIT

COUNTY	
CASE NAME	
CASE NO.	OTHER ID NO.
WORKER NAME	

Questions? Ask your worker.

Date: \_\_\_\_\_

### THIS FORM GIVES YOU INFORMATION ABOUT YOUR CalWORKs 60-MONTH TIME CLOCK.

On \_\_\_\_\_, you \_\_\_\_\_ requested information about your time on aid for the CalWORKs 60-month time clock.  
(DATE) (RECIPIENT'S NAME)

On the date of the last notice, \_\_\_\_\_, the County determined that you used a total of \_\_\_\_\_ months of your lifetime 60-month time limit of CalWORKs cash aid.

Since the last notice, you received CalWORKs from \_\_\_\_\_ to \_\_\_\_\_.

The following months did not count toward your CalWORKs 60-month time limit:

Year \_\_\_\_\_ - Months \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,

Year \_\_\_\_\_ - Months \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

You may be eligible to receive aid for \_\_\_\_\_ more months.

You will receive a Notice of Action (NOA) telling you the number of months of aid you used and the specific months that did not count toward your CalWORKs 60-month time limit. The county will give you this NOA:

- at application for aid.
- at redetermination of aid.
- between your 54th and 58th month on aid.

**CalWORKs 60-MONTH TIME LIMIT EXTENDER REQUEST FORM***PLEASE PRINT*

YOUR NAME		<b>COUNTY USE ONLY</b>	
ADDRESS STREET		COUNTY	
CITY	ZIP	CASE NAME	
PHONE (     )		CASE NO.	OTHER ID NO.
<b>QUESTIONS? ASK YOUR WORKER.</b>		WORKER NAME	

**Beginning January 1, 1998**, most adults cannot receive aid for more than a total of 60 months (5 years) from the CalWORKs program. (This includes aid received from other states' Federal Temporary Assistance for Needy Families (TANF) Programs on and after January 1998.) However, aid can be provided beyond the CalWORKs 60-month time limit, if **you** and **all** parents, aided stepparents, and/or caretaker relatives in the home meet one of the conditions listed below.

If you answer "Yes" to any of these questions, you may be extended on aid. Please answer all the questions. This form cannot be completed by the county. **Please be sure to sign and date the back of this form.** You may need to send more information to help the county decide if you can be extended on aid.

**YES    NO    CalWORKs 60-MONTH TIME LIMIT EXTENDERS**

- ☐    ☐    1. Are you staying at home to take care of someone in the household who cannot take care of her/himself, which impairs you from working or participating in welfare-to-work activities?
- ☐    ☐    2. Are you the nonparent caretaker relative of a child who is a dependent or ward of the court, or at risk of being placed in foster care?
- ☐    ☐    3. Are you receiving benefits from State Disability Insurance (SDI), Worker's Compensation Temporary Disability Insurance (TDI), In-Home Supportive Services (IHSS), or the State Supplemental Program (SSP) and are you unable to work or to participate in a welfare-to-work activity on a regular basis?
- ☐    ☐    4. Although you are not getting disability benefits, do you have a physical or mental problem that makes you unable to work or take part in welfare-to-work activities for 20 or more hours per week?

Or

Are you able to work or take part in welfare-to-work activities for 20 or more hours per week even though you have that physical or mental problem, but only because you get help with the problem (like counseling, treatment, or special tutoring)?

(The county will review your past and current records to determine if you qualify for this extender. Aid may be extended if you worked or participated in welfare-to-work in the past.)

**CalWORKs 60-MONTH TIME LIMIT EXTENDER FOR ADVANCED AGE** - If you are 60 years of age or older, you may contact your worker to request an extender for advanced age. You do not have to complete this form to request the extender.

**OTHER AIDED ADULTS IN THE HOME** - All other parents, aided stepparents, and/or caretaker relatives in your home must also qualify for an extender in order for you to be extended on aid. She/he must complete a separate request form. You can be extended on aid if the other adult(s) is not in your assistance unit (AU) and she/he has not received aid for 60 months.

**PLEASE READ AND SIGN THE BACK OF THIS FORM.**

## CalWORKs 60-MONTH TIME LIMIT EXTENDER REQUEST FORM

---

**CalWORKs 60-MONTH TIME LIMIT WAIVER** - If you are a victim of domestic abuse and the county has determined that your condition or circumstances prevent or impair your ability to be regularly employed or to take part in welfare-to-work activities, the county may waive the 60-month time limit so you can be extended on aid. You do not have to complete this form to get a waiver to the time limit. You may contact your worker to request a domestic abuse waiver.

---

- You will be informed whether or not you will be extended on aid and the reason why.
- You may be asked to give the county proof of your reason for requesting the extender.
- If you do not agree with the county, you may ask for a State hearing.
- Your condition may be evaluated again to determine if you can continue to be extended on aid.

---

YOUR SIGNATURE	DATE
----------------	------

---

**CalWORKs 60-MONTH TIME LIMIT  
EXTENDER DETERMINATION DENIAL FORM**

COUNTY	
CASE NAME	
CASE NO.	OTHER ID NO.
WORKER NAME	

Questions? Ask your worker.

Date \_\_\_\_\_

On \_\_\_\_\_, a 60-month time limit extender was requested for \_\_\_\_\_, and  
(DATE) (NAME)  
based on the facts, the county made the following determination.

The 60-month time limit extender is **DENIED**. You do not meet the rules to qualify for a time limit extender and will not be aided.

Reason for Denial: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTACT YOUR WORKER IF YOU THINK THIS NOTICE IS WRONG. YOU MAY ALSO ASK FOR A STATE HEARING. "YOUR HEARING RIGHTS" FORM ON THE BACK SIDE OF THIS PAGE TELLS YOU HOW TO ASK FOR A STATE HEARING.**

**Rules:** These rules apply; you may review them at your welfare office: MPP 42-302.1, 42-302.11, 42-302.12, 42-302.2, and 42-302.3 - .34.

## YOUR HEARING RIGHTS

**You have the right to ask for a hearing if you disagree with any county action. You have only 90 days to ask for a hearing. The 90 days started the day after the county gave or mailed you this notice.**

**If you ask for a hearing before an action on Cash Aid, Medi-Cal, Food Stamps, or Child Care takes place:**

- Your Cash Aid or Medi-Cal will stay the same while you wait for a hearing.
- Your Child Care Services may stay the same while you wait for a hearing.
- Your Food Stamps will stay the same until the hearing or the end of your certification period, whichever is earlier.

**If the hearing decision says we are right, you will owe us for any extra Cash Aid, Food Stamps or Child Care Services you got.**

To let us lower or stop your benefits before the hearing, check below:

Yes, lower or stop: ☐ Cash Aid ☐ Food Stamps ☐ Child Care

**While You Wait for a Hearing Decision for:**

### Welfare to Work:

You do not have to take part in the activities.

You may receive child care payments for employment and for activities approved by the county before this notice.

If we told you your other supportive services payments will stop, you will not get any more payments, even if you go to your activity.

If we told you we will pay your other supportive services, they will be paid in the amount and in the way we told you in this notice.

- To get those supportive services, you must go to the activity the county told you to attend.
- If the amount of supportive services the county pays while you wait for a hearing decision is not enough to allow you to participate, you can stop going to the activity.

### Cal-Learn:

- You cannot participate in the Cal-Learn Program if we told you we cannot serve you.
- We will only pay for Cal-Learn supportive services for an approved activity.

## OTHER INFORMATION

**Medi-Cal Managed Care Plan Members:** The action on this notice may stop you from getting services from your managed care health plan. You may wish to contact your health plan membership services if you have questions.

**Child and/or Medical Support:** The local child support agency will help collect support at no cost even if you are not on cash aid. If they now collect support for you, they will keep doing so unless you tell them in writing to stop. They will send you current support money collected but will keep past due money collected that is owed to the county.

**Family Planning:** Your welfare office will give you information when you ask for it.

**Hearing File:** If you ask for a hearing, the State Hearing Division will set up a file. You have the right to see this file before your hearing and to get a copy of the county's written position on your case at least two days before the hearing. The state may give your hearing file to the Welfare Department and the U.S. Departments of Health and Human Services and Agriculture. **(W&I Code Sections 10850 and 10950.)**

## TO ASK FOR A HEARING:

- **Fill out this page.**
- Make a copy of the front and back of this page for your records. If you ask, your worker will get you a copy of this page.
- **Send or take this page to:**

**OR**

- **Call toll free: 1-800-952-5253 or for hearing or speech impaired who use TDD, 1-800-952-8349.**

**To Get Help:** You can ask about your hearing rights or for a legal aid referral at the toll-free state phone numbers listed above. You may get free legal help at your local legal aid or welfare rights office.

**If you do not want to go to the hearing alone, you can bring a friend or someone with you.**

### HEARING REQUEST

I want a hearing due to an action by the Welfare Department of \_\_\_\_\_ County about my:

☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal

☐ Other (list) \_\_\_\_\_

**Here's Why:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ **If you need more space, check here and add a page.**

☐ I need the state to provide me with an interpreter at no cost to me. (A relative or friend cannot interpret for you at the hearing.)

My language or dialect is: \_\_\_\_\_

NAME OF PERSON WHOSE BENEFITS WERE DENIED, CHANGED OR STOPPED

BIRTH DATE

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

SIGNATURE

DATE

NAME OF PERSON COMPLETING THIS FORM

PHONE NUMBER

☐ **I want the person named below to represent me at this hearing. I give my permission for this person to see my records or go to the hearing for me. (This person can be a friend or relative but cannot interpret for you.)**

NAME

PHONE NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

**TIME ON AID VERIFICATION FOR CalWORKs/TANF 60-MONTH TIME LIMITS**

NAME:	SSN:	COUNTY:
CASE NAME:	CASE NUMBER:	DATE COMPLETED FORM:

Counties are required to verify a recipient's time on aid information. If you are unable to verify the WDTIP information, you must complete the tables to show the months that counted toward the CalWORKs and TANF 60-month time limits. (Please indicate "Y" for Yes or "N" for No in each box.) Include copies of all time on aid NOAs with this form.

If the WDTIP information has been reviewed and is accurate, please complete the following box and provide the name of the person who verified the information. You need not complete the tables. However, you must include copies of all time on aid NOAs with this form.

**WDTIP VERIFICATION**

Time on aid information in WDTIP has been reviewed and is accurate.

WDTIP information verified by: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone number: \_\_\_\_\_ Date: \_\_\_\_\_

YEAR _____	JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEPT	OCT	NOV	DEC
TANF Month Counted												
CalWORKs Month Counted												
Exempt -WDTIP Reason Code												
Child Support repaid												
Extender												
OP repaid												
Number of exempt months:	TANF _____				CalWORKs _____							
Number of counted months:	TANF _____				CalWORKs _____							

YEAR _____	JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEPT	OCT	NOV	DEC
TANF Month Counted												
CalWORKs Month Counted												
Exempt -WDTIP Reason Code												
Child Support repaid												
Extender												
OP repaid												
Number of exempt months:	TANF _____				CalWORKs _____							
Number of counted months:	TANF _____				CalWORKs _____							

YEAR _____	JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEPT	OCT	NOV	DEC
TANF Month Counted												
CalWORKs Month Counted												
Exempt -WDTIP Reason Code												
Child Support repaid												
Extender												
OP repaid												
Number of exempt months:	TANF _____				CalWORKs _____							
Number of counted months:	TANF _____				CalWORKs _____							

**TIME ON AID VERIFICATION FOR CalWORKs/TANF 60-MONTH TIME LIMITS**

YEAR _____	JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEPT	OCT	NOV	DEC
TANF Month Counted												
CalWORKs Month Counted												
Exempt -WDTIP Reason Code												
Child Support repaid												
Extender												
OP repaid												
<b>Number of exempt months:</b>	<b>TANF</b> _____		<b>CalWORKs</b> _____									
<b>Number of counted months:</b>	<b>TANF</b> _____		<b>CalWORKs</b> _____									

YEAR _____	JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEPT	OCT	NOV	DEC
TANF Month Counted												
CalWORKs Month Counted												
Exempt -WDTIP Reason Code												
Child Support repaid												
Extender												
OP repaid												
<b>Number of exempt months:</b>	<b>TANF</b> _____		<b>CalWORKs</b> _____									
<b>Number of counted months:</b>	<b>TANF</b> _____		<b>CalWORKs</b> _____									

YEAR _____	JAN	FEB	MAR	APR	MAY	JUNE	JUL	AUG	SEPT	OCT	NOV	DEC
TANF Month Counted												
CalWORKs Month Counted												
Exempt -WDTIP Reason Code												
Child Support repaid												
Extender												
OP repaid												
<b>Number of exempt months:</b>	<b>TANF</b> _____		<b>CalWORKs</b> _____									
<b>Number of counted months:</b>	<b>TANF</b> _____		<b>CalWORKs</b> _____									

**VERIFICATION OF TIME LIMIT INFORMATION**

The time on aid information provided on this form has been verified by: Signature:

Contact Person:

Phone Number:

E-mail address:

Address:

## TRACKING NON-CALIFORNIA TANF ASSISTANCE FOR THE 60-MONTH TIME LIMIT

INDIVIDUAL'S NAME	
CASE NAME	CASE #
WORKER #	COUNTY

If an individual receives Federal TANF aid outside of California, counties are required to request specific information from the other states, U.S. territories, and/or Tribal TANF programs in order to adjust both the federal TANF and CalWORKs 60-month time clocks in California. It is also necessary for this information to be entered into the WDTIP system for tracking the aggregate time on aid.

- For the **federal TANF clock**, counties will track months of assistance from the date the recipient received TANF assistance in the other state, U.S. territory, and/or Tribal TANF programs.
- For the **state CalWORKs clock**, counties must track TANF assistance received in other states on or after January 1, 1998.

TANF-Funded Aid Received in Other State/U.S.Territory/Tribal TANF Programs	What period of time did the recipient receive the TANF assistance?
STATE/U.S. TERRITORY/TRIBAL TANF PROGRAM: <b>1.</b> COUNTY/CITY: CASE WORKER: PHONE NUMBER:	<b>1.</b> START DATE - END DATE START DATE - END DATE START DATE - END DATE
STATE/U.S. TERRITORY/TRIBAL TANF PROGRAM: <b>2.</b> COUNTY/CITY: CASE WORKER: PHONE NUMBER:	<b>2.</b> START DATE - END DATE START DATE - END DATE START DATE - END DATE
STATE/U.S. TERRITORY/TRIBAL TANF PROGRAM: <b>3.</b> COUNTY/CITY: CASE WORKER: PHONE NUMBER:	<b>3.</b> START DATE - END DATE START DATE - END DATE START DATE - END DATE

### Time Limit Exemptions

In recording months of aid received outside of California, counties must ask about the following exemptions to the 60-month time limit. If the answer is "Yes", the county must exempt the month(s) from both the TANF and CalWORKs 60-month time clocks.

Did the individual receive TANF aid as a minor non-head of household or spouse of non-head of household?

☐ YES -  
☐ NO

START DATE	END DATE
-	-

Did the individual live in Indian country, as defined by federal law, or an Alaskan native village with at least 50 percent unemployment?

☐ YES -  
☐ NO

START DATE	END DATE
-	-

ELIGIBILITY WORKER NAME	WORKER NUMBER
SIGNATURE	DATE

# NOTICE OF ACTION

## 60-MONTH TIME LIMIT (Continued)

COUNTY OF \_\_\_\_\_

STATE OF CALIFORNIA  
HEALTH AND HUMAN SERVICES AGENCY  
CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

### ADULT REACHED CalWORKS 60-MONTH TIME LIMIT

Notice Date : \_\_\_\_\_  
Case : \_\_\_\_\_  
Name : \_\_\_\_\_  
Number : \_\_\_\_\_

#### Monthly Cash Aid Amount

<b>Section A.</b>	<b>Countable Income, Month of</b>	_____
Total Self-Employment Income	.....	\$ _____
Self-Employment Expenses:		
40% Standard or Actual	.....	- _____
Net Earnings from Self-Employment	.....	= _____
Total Disability-Based Unearned Income (Assistance Unit + Non-Assistance Unit Members + Timed Out Persons)	.....	\$ _____
\$225 Disregard	.....	- _____
Nonexempt Unearned Disability-Based Income	.....	= _____
Unused Amount of \$225 Disregard	.....	= _____
Total Earned Income	.....	\$ _____
Net Earnings from Self-Employment (from above)	.....	+ _____
Subtotal	.....	= _____
Unused Amount of \$225 Disregard (from above)	.....	- _____
Subtotal	.....	= _____
Earned Income Disregard 50%	.....	- _____
Subtotal	.....	= _____
Nonexempt Unearned Disability-Based Income (from above).	.....	+ _____
Other Nonexempt Income (Assistance Unit + Non- Assistance Unit Members + Timed Out Persons).	.....	+ _____
		+ _____
<b>Net Countable Income</b>	.....	= _____

<b>Section B.</b>	<b>Your Cash Aid, Month of</b>	_____
1. Maximum Aid _____ Persons (Assistance Unit + Non-Assistance Unit Members Not Including Timed Out Persons)	.....	\$ _____
2. Special Needs (Assistance Unit + Non-Assistance Unit Members Not Including Timed Out Persons)	...	+ _____
3. Net Countable Income from Section A	.....	- _____
4. Subtotal	.....	= <input type="text"/>
5. Maximum Aid _____ Persons (Assistance Unit only) (Excluding MFG, or Penalized Persons)	.....	\$ _____
6. Special Needs (Assistance Unit only)	.....	+ _____
7. Maximum Aid Subtotal	.....	= <input type="text"/>
8. <b>Full Month Aid Subtotal</b> (Amount of Line 4 or 7, Whichever is Less)	.....	= _____
9. Line 8 Prorated for Part of Month	.....	= _____
10. 25% Child Support Penalty(ies)	.....	- _____
11. Overpayment	.....	- _____
12. Cal-Learn Penalty(ies)	.....	- _____
13. Cal-Learn Bonus	.....	+ _____
14. <b>Monthly Cash Aid Amount</b>	.....	= _____

#### EXEMPT MONTHS

The following \_\_\_\_\_ months did not count toward your CalWORKs 60-month time limit:

Year \_\_\_\_\_ - Jan Feb Mar Apr May June  
July Aug Sept Oct Nov Dec

Year \_\_\_\_\_ - Jan Feb Mar Apr May June  
July Aug Sept Oct Nov Dec

State of California  
Department of Social Services

Noa Msg Doc No.: M40-107e Page 1 of 2  
Action : Change  
Issue: CalWORKs 60-Month Time Limit  
Title: 60<sup>th</sup> Month On Aid

Auto ID No.:  
Source :  
Issued by :  
Reg Cite : 40-107.147, 42-302, 42-302.2  
42-302.21, 42-712

Use Form No. : NA 530 , attach NA 531  
Original Date : 11-01-02  
Revision Date : 04-01-04

MESSAGE:

On the date of the last time limit notice,  
\_\_\_\_\_, the county determined that  
you, \_\_\_\_\_, used a total of \_\_\_\_\_  
months of your lifetime 60-month time  
limit of CalWORKs cash aid.

As of \_\_\_\_\_, you, \_\_\_\_\_, used your  
total 60 months of CalWORKs cash aid so  
you can no longer get cash aid. However,  
cash aid will continue for the rest of the  
AU. The county is changing your cash aid  
from \$\_\_\_\_\_ to \$\_\_\_\_\_.

Here's why:

Since your last time limit notice, you got  
CalWORKs:

from \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_ months.

Months that did not count: - \_\_\_\_\_ months.

The additional months used: \_\_\_\_\_ months.

The total number used is now \_\_\_\_\_ months.

If you were exempt, the month(s) did not  
count toward the CalWORKs 60-month time  
limit. These months are listed on the  
next page.

— The last page shows how child support  
was applied to exempt month(s).

— You may have months that are exempt  
because of child support collection in  
the future. The county will let you  
know of these months if your family is  
still on CalWORKs.

— No child support was collected for  
children in your AU.

Your new cash aid amount is figured on the  
next page. The amount includes other  
adults that have reached the time limit.

INSTRUCTIONS: Use at 60<sup>th</sup> month on aid to inform an adult recipient that s/he reached the 60 month time limit and is no longer eligible for aid.

Complete the following:

- Date of last time limit NOA.
- Name of the adult recipient.
- Total number of months of aid used, as reported on previous time limit NOA.
- Date that 60 months were used.
- The previous amount of aid and the new amount of aid based on the removal of the CalWORKs timed-out adult from the AU.
- Period(s) of time the family was eligible to receive aid (excludes the period of discontinuance and suspense months, but includes zero basic grant (ZBG) months), since the last time limit NOA.
- Number of months that did not count toward the time limit, (i.e. exemptions, ZBG months, and sanctioned months), since last time limit NOA.
- Number of additional months of aid used since last time limit NOA.
- Total number of months (60 months).
- Check appropriate box for child support time limit exemption.

Attach Continuation Page NA 531 to show the new cash grant amount and the exempt months, include year and number of months that did not count. If child support exemption is applicable, use addendum for exempt months due to child support collection.

State of California  
Department of Social Services

Noa Msg Doc No.: M40-107f1 Page 1 of 2  
Action : Change  
Issue: CalWORKs 60-Month Time Limit  
Title: Extender Met After 60<sup>th</sup> Month

Auto ID No.:  
Source :  
Issued by :  
Reg Cite : 42-302, 42-302.2, 42-302.11  
42-302.21, 42-712

Use Form No. : NA 530, attach NA 531  
Original Date : 04-01-04, New  
Revision Date :

MESSAGE:

As of\_\_\_\_\_, the county is changing your  
cash aid from \$\_\_\_\_ to \$\_\_\_\_\_.

Here's why:

You can now get cash aid because you,  
\_\_\_\_\_, have a condition that meets  
the rule to get cash aid after your 60  
month limit.

Your condition may be reviewed again to  
determine if you can continue to get aid.

Your new cash aid amount is figured on the  
next page.

INSTRUCTIONS: Use post 60<sup>th</sup> month time limit to inform an adult recipient that s/he  
can receive aid because s/he meets an extender criterion.

Complete the following:

- Date that grant is changed.
- Previous grant amount and new grant amount.
- Name of the adult recipient.

File: I:\Users\cmigueli\NOAs mseries\40107f1.doc

State of California  
Department of Social Services

Noa Msg Doc No.: M40-107f2 Page 1 of 2  
Action : Change  
Issue: CalWORKs 60-Month Time Limit  
Title: Extender ended

Auto ID No.:  
Source :  
Issued by :  
Reg Cite : 40-107.147, 42-302, 42-302.11  
42-302.21, 42-712

Use Form No. : NA 530, attach NA 531  
Original Date : 04-01-04, New  
Revision Date :

MESSAGE:

As of\_\_\_\_\_, the county is changing your  
cash aid from \$\_\_\_\_ to \$\_\_\_\_\_.

Here's why:

You can no longer get cash aid because  
you, \_\_\_\_\_ no longer have a  
condition that meets the rule to get cash  
aid after your 60 month time limit.

Contact your worker if you have a  
condition that meets the rule to continue  
to get cash aid.

Your cash aid is figured on the next page.

INSTRUCTIONS: Use to lower the cash aid after the timed out adult no longer meets  
the extender criteria.

Complete the following:

- Date the grant is changed.
- Previous grant amount and new grant amount.
- Name of the adult recipient.

Auto ID No.:  
Source :  
Issued by :  
Reg Cite : 40-171.2, 40-129, 42-302.1, 42-302.11-.12  
42-302.2-.21, 44-315, 44-317, 82-510.4  
Use Form No. : NA 530, attach NA 531  
Original Date : 04-01-04, New  
Revision Date :

MESSAGE:

The County has approved your cash aid and Medi-Cal. The cash aid payment for your first month of aid is \$\_\_\_\_\_.

Your first day of cash aid is \_\_\_\_\_. Your first day of Medi-Cal is the first day of the month you applied for aid.

On \_\_\_\_\_, the county determined that you, \_\_\_\_\_ used your total 60 months of CalWORKs cash aid.

You can now get cash aid because:

- ☐ You have a condition that meets the rule to get cash aid after your 60 month limit.

Your condition may be reviewed again to determine if you can continue to get aid.

- ☐ The county has received child support that has repaid some of your months on aid.

- ☐ You have paid back an overpayment that has repaid some of your months on aid.

More information about your cash aid:

- ☐ The cash aid payment for your first month of aid is only for a part of a month. It is for the time from your first day of cash aid, shown above, through the end of the month. If nothing changes, next month's cash aid will be for a full month.

- ☐ You asked for an Immediate Need payment. Your immediate need is being met with a payment of your first month's cash aid within the immediate need time limit of 1 working day.

[ ] The cash aid payment for your first month of aid has a 25 percent penalty for not helping us or the local child support agency collect child support. This amount will be subtracted from your cash aid payment each month until you help us or the local child support agency collect child support.

[ ] You got a diversion payment of \$\_\_\_\_\_ on \_\_\_\_\_. **OR** You got diversion service(s) of \_\_\_\_\_ on \_\_\_\_\_ at the value of \$\_\_\_\_\_. You have agreed to repay the diversion payment/service(s). \$\_\_\_\_\_ will be subtracted from your cash aid payment for \_\_\_ month(s) until paid in full.

Your cash aid is figured on the next page.

INSTRUCTIONS: Use for approvals and restorations after a client has previously timed out and is now eligible to receive cash aid. **Do not use for refusal to assign child/spousal support rights cases.** Check the applicable box(es). When you check the immediate need (IN) box, you do not need to send another NOA denying the IN request.

file: cmigueli/MSERIES/40107j1

State of California  
Department of Social Services

Noa Msg Doc No.: M40-107k Page 1 of 1  
Action : Change  
Issue: CalWORKs 60-Month Time Limit  
Title: Increase Grant due to TOA  
Adjustment

Auto ID No.:  
Source :  
Issued by :  
Reg Cite : 40-107.147, 42-302.1, 42-302.11  
42-302.2, 42-302.21

Use Form No. : NA 530 , attach NA 531  
Original Date : 04-01-04, New  
Revision Date :

MESSAGE:

As of\_\_\_\_\_, the county is changing your  
cash aid from \$\_\_\_\_ to \$\_\_\_\_\_.

Here's why:

On \_\_\_\_\_, the county determined that  
you, \_\_\_\_\_ used your total 60 months  
of CalWORKs cash aid.

You can now get cash aid because:

- [ ] The county has received child support  
that has repaid some months of aid.
- [ ] You have paid back an overpayment  
that has repaid some months of aid.

You will get cash aid for \_\_\_\_\_ more  
months. The months that did not count  
toward the CalWORKs 60-month time limit  
are listed on the next page.

Your new cash aid amount is figured on the  
next page.

INSTRUCTIONS: Use to increase the grant when child support or overpayment has been  
recouped and the adult is now eligible for additional months of aid. Use NA 531 for  
budget and addendum for exemptions due to child support reimbursement.